## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/1/2013 (3) (1) (2) Percent **Annual Premium** Change (+ or -)\*\* Coverage Volume (Illinois)\* **Automobile Liability Private Passenger Commercial** 2. **Automobile Physical Damage Private Passenger Commercial** 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety **Boiler and Machinery** 8. 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail -4.8% 15. Other Workers Compensation \$1,609,968 Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI advisory loss costs approved in circular IL-2012-04 with new loss cost multipliers. We also wish to keep our deviated Minimum Premium for class code 9015 of \$500 in all companies. \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. Allmerica Financial Benefit Insurance Company Name of Company Xiang Wu, Senior Actuarial Assistant

Official - Title

### SUMMARY SHEET

	Change in Company's premium or rate	level produced by rate revision effec	tive 06/01/2013
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage Inland Marine		
11.			
12.	Homeowners Commercial Multi-Peril		
13.			
14. 15.	Crop Hail Other Workers Compensation	5,670,540	14.5%
13.	Line of Insurance	3,070,340	14.370
oes f	filing only apply to certain territory (ter	ritories) or certain classes? If so, spe	ecify:
No.			
Tow Cost	description of filing. (If filing follows for National Insurance Company here is and Rating Values effective 1/1/2 is Cost Multiplier revision, effective	rewith proposes to adopt NCCI's 1013.	cify organization): latest Voluntary Market Loss
	djusted to reflect all prior rate changes.		
	hange in Company's premium level wh	ich will	
re	sult from application of new rates.		
			CastlePoint National Insurance Co.
			Name of Company
			Traine of Company
		F	Taye V. Storch
			Senior Business Analyst

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent	
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>	
1.	Automobile Liability Private			
	Passenger Commercial			
2.	Automobile Physical Damage			
	Private Passenger Commercial			
	Liability Other Than Auto			
	Burglary and Theft			
5.	Glass			
	Fidelity			
	Surety			
3.	Boiler and Machinery			
	Fire			
	Extended Coverage			
	Inland Marine			
	Homeowners			
	Commercial Multi-Peril			
	Crop Hail			
5.	Other Workers Compensation	\$1,281,156	15.3%	
	Line of Insurance			
	a filing only apply to cortain torritory (t	erritories) or certain classes? If so, specify:	No	
06	s ining only apply to certain territory (to	erniones) or certain classes: if so, specify.	NO	
	6.1		nonination). M	
		ates of an advisory organization, specify or		
		n new loss cost multipliers. We also wish to keep our de		
)r Cla	ass code 90 15 of \$500 in all companies and devia	te LCM of class code 8831 and 8832 in America Financi	ar benefit insurance company.	
Δdi	usted to reflect all prior rate changes.			
		ich will result from application of new rates.		
Ci	larige in Company's premium level with	ich will result from application of flow fates.		
		Citizens Insur	rance Company of America	
			ame of Company	
		144	and a wantpany	
		Xiana Wu	Senior Actuarial Assistant	
		. starting v v a,	Official – Title	

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2)	(3)
	(*)	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. A	utomobile Liability Private		
	Passenger Commercial		
2. A	utomobile Physical Damage Private Passenger Commercial		
3. Li	iability Other Than Auto		
	urglary and Theft		
	ilass		
6. Fi	idelity		
7. S	urety		
8. B	oiler and Machinery		
9. Fi	ire		
10. E	xtended Coverage		
11. In	nland Marine		
12. H	lomeowners		
13. C	ommercial Multi-Peril		
14. C	rop Hail		
15. O	ther Workers Compensation	\$2,034,070	0.9%
	Line of Insurance		
_		9 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Does	filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	No
		ates of an advisory organization, specify org	
		h new loss cost multipliers. We also wish to keep our dev	
for class	s code 9015 of \$500 in all companies and devia	ate LCM of class code 8831 and 8832 in America Financia	al Benefit Insurance Company.
+ A			
	sted to reflect all prior rate changes.	intervillence of from analysis of new rates	
""Cha	nge in Company's premium level wi	nich will result from application of new rates.	
		Citizane Insu	rance Company of Illinois
			ime of Company
		INA	and or company
		Xiang Wu. S	Senior Actuarial Assistant
			Official – Title

Form-(RF		MARY SHEET	
Change	in Company's premium or rate level prod	uced by rate revision effective:	June 2, 2013
	(1)	(2) Annual Premium	(3) Percent Change
	Coverage	Volume (Illinois)*	(+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	•		
12.	Homeowners		
13.			
14.			
15.	<del>-</del>	52,890,058	+2.0%
16.	<del>-</del>		
	Line of Insurance		
Does filin	ng only apply to certain territory (territorie	es) or certain classes? If so, specify:	
We are n	cription of filing. (If filing follows rates of modifying our company specific exception e adopting NCCI's 01/01/20 fic rate deviations.	pages.	
**Change	d to reflect all prior rate changes. e in Company's premium level which sult from application of new rates.		
W 111 1 0 C		COUNTRY Mutual Insurance C	Company
		Name of Company	
		Ochase a South	
		Richard A. Smith Chief Property/Casualty Actuary	v
		Official and Title	, , , , , , , , , , , , , , , , , , , ,

Form	(RF-3)——ILLINOIS-DEPART	FMENT-OF-INSURANCI SUMMARY SHEET
Chang	e in Company's premium or rate level produced	by rate revision effective
	(1)	(2)
	Coverage	Annual Premium <u>Volume (Illinois)*</u>
1.	Automobile Liability Private	
2.	Passenger Commercial Automobile Physical Damage	

Change i	n Company's	s premium or rate level produc	ced by rate revision effective	8/1/2013	
		(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *		(3) Percent <u>Change (+ or -)**</u>
1.	Automobil	e Liability Private			
	Pass	enger Commercial			
2.	Automobi	e Physical Damage			
	Priva	te Passenger Commercial			
3.	•	ther Than Auto			
4.	Burglary a	and Theft			
5.	Glass				
6.	Fidelity				
7.	Surety				
8.	Boiler and	Machinery			
9.	Fire				
10.	Extended	•			
11.	Inland Ma	rine			
12.	Homeown	•.•			
13.		ial Multi-Peril			
14.	Crop Hail				
15.	Other	Workers Compensation	\$718,569		8.9%
		Line of Insurance			
Does filin	g only apply	to certain territory (territories)	or certain classes? If so, specify:	<u>N</u>	0
	•	• •	advisory organization, specify organizations to the advisory organization and the second seco	•	We are adopting NCCI
			class code 8831 and 8832 in America Financial Ben		
		I prior rate changes. y's premium level which will re	esult from application of new rates.		

The Hanover Insurance Company	
Name of Company	
Xiang Wu, Senior Actuarial Assistant	
Official Title	

<sup>\*\*</sup>Change in Company's premium level which will result from appli

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
. Automobile Physical Damage		
Private Passenger Commercial Liability Other Than Auto		
Burglary and Theft		
Glass		· · · · · · · · · · · · · · · · · · ·
. Fidelity		
. Surety		
. Boiler and Machinery		
. Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers Compensation	\$4,332,310	6.1%
Line of Insurance		
oos filing only apply to cortain tarritony	(territories) or certain classes? If so, specify:	No
bes liling only apply to certain territory	(territories) or certain classes? If so, specify.	No
	rates of an advisory organization, specify organization	
	with new loss cost multipliers. We also wish to keep our dev	······································
r class code 9015 of \$500 in all companies and dev	viate LCM of class code 8831 and 8832 in America Financia	al Benefit Insurance Company.
Adjusted to reflect all prior rate abangas		
Adjusted to reflect all prior rate changes	/hich will result from application of new rates.	
Change in Company's premium levery	riich wiii result from application of new rates.	
	The Hann	ver Insurance Company
		ame of Company
	146	C. Company
	Xiang Wu.	Senior Actuarial Assistant
		Official – Title

### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective HDI-Gerling America Insurance Company.

	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private		
	Passenger Commercial		
	Automobile Physical Damag		•
	Private Passenger Commercial		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Liability Other Than Auto		
	Burglary and Theft Glass		
	Fidelity Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	<b>*</b> F00.000	20.000/
	Life of Insurance	\$500,000	29.00%
	Does filing only apply to certa Classes? If so, specify:	in territory (territories) or	certain
	specify: No		<del></del>
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify organization):	Workers Compensation L	CM Revision Filing
	*Adjusted to reflect all prior ra		
	**Change in Company's prem rates.	ium level which will resu	it from application of new
			ica Insurance Company
			me of Company
			President IRC, LLC
			Official – Title

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 8/1/2013

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
2	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$4,226,380	15.7%
	Line of Insurance		
Doe	es filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	No
	to ming only apply to contain termory (a	· · · · · · · · · · · · · · · · · · ·	110
	· • • • • •	ates of an advisory organization, specify org	
		new loss cost multipliers. We also wish to keep our devi	
for c	lass code 9015 of \$500 in all companies and devia	te LCM of class code 8831 and 8832 in America Financial	Benefit Insurance Company.
	justed to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates.	
		The Management	tte Development of Community
			tts Bay Insurance Company
			ne of Company
			enior Actuarial Assistant
		C	Official – Title

### **SUMMARY SHEET**

	Change in Company's pre	mium or rate level produced by rate		
	revision effective	March 15, 2013		
	74)	(2)	(3)	
	(1)	(2) Annual Premium	Percent	
	•		<u>Change ( + or -)**</u>	
	<u>Coverage</u>	Volume (Illinois)*	Change ( + Or -)	
1.	Automobile Liability			
	Private Passenger			
	Commercial	<del></del>		
	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
	Burglary and Theft			
5.	Glass	<u> </u>		
	Fidelity			
<b>7</b> .	Surety			
3.	Boiler and Machinery			
). ).	Fire			
10.	Extended Coverage			
11.	Inland Marine			
2.	Homeowners			
3.	Commercial Multi-Peril			
4.	Crop Hail			
5.	Other 16.0 - Workers Compens	sation \$1,426	-3.5%	
	s Filing only apply to certain territor ses? If so, specify:  No	ry (territories) or certain		
,,,,,,	<u></u>			
	f description of filing. (If filing follow	vs rates of an advisory  Workers Compensation Loss Cos	ets Adoption Filing	
irga	mization, specify organization).	Workers Compensation Loss Cos	nts Adoption i ming	
		·		
			<del> </del>	
	* Adjusted to reflect all prior rate ch			
*	* Change in Company's premium le result from application of new rate			
	11			
			ance Company Company	
		Name of	Company	
		Kavin Duraali Vis	ce President - IRC	
			l - Title	
		Officia	ı - ı ıu <del>c</del>	